

Appli	application for the post of									
	Full Name (as in identity card)		Chinese Character (if applicable) Gender *					hotograph*		
APPLICANT'S PARTICULARS	Current Address			Contact Mobile						
ARTI	Email	Email					Home		OFFICIAL USE	
ANT'S F	Date of Birth* Place of Birth* Ra				Religion*	dentity No.			Staff Code	
APPLICA	Nationality	LIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		PR status Passport No			Type of Passport	L	Commence on	
	Marital status*	ingle 🗌 Ma	arried	\	Widowed		Divorced			
	Name of Institution (state G equivalent & above, country		from (mm/yy		Year of Final exam		tion attained Certificate/Dipl Bachelor degree in Accountin		Select: Pursuing (P) / Completed (C)	
SNC									P C	
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IAL O									P C	
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ACADEMIC & PROFESSIONAL QUALIFICATIONS	Name of Institution and Type of Course			Period from to (mm/yy) (mm/yy) Type of Professional Certificate Awarde				]	Select: Pursuing (P) / Completed (C)	
EMIC 8			<u> </u>						P C	
ACADE			<u> </u>						P C	
	<u> </u>		<b> </b>						P C	
									P _ C _	
	Professional Qualification         (a) Are you actively pursuing any professional courses?         Yes         No									
	(a) Are you actively pursuing a									
S	If "Yes", please specify deta									
SKILLS	b) When will you sit for the exa									
	Computer Literacy (E-excellent G-good A-average P-poor)									
	Internet Savvy	Other software application								

<sup>\*</sup>selection is not made on these criteria but for administrative purposes. \*We will use your personal details (eg your name, job title, office phone no. fax and your e-mail and postal addresses) solely for evaluating your suitability for employment and may be shared with relevant personnel involved for the same purpose and for reference checks if you are employed by us. To alter your details : If any of these details change, you can update the details we hold by informing HR. Voluntary Information : We may ask for further information about you as part of our recruitment procedure\*

۲ ۲	Name	Relationship	)	Age	Ocupation	Name of Company			
PARTICULARS C IMMEDIATE FAMIL									
	Name		Relations	hip	Mobile Contact	Home Contact			
EMERGENCY CONTACT									
						Years			
CTER	Name	Address		Сс	ontact No. & Email	Profession Known			
CHARACTER			]						
	Language Proficiency         Please circle the appropriate number, to         English :         Second Language:         Others:         Others:         Activities         List positions of responsibility held in schoon         Name of Institution / Org         Image:         Hobbies & Interests         Names of acquaintances in our Firm         Where applicable, how many more reserved         Have you ever been dismissed or suspender         Name of companies with whom you have	in the second	Spoken 2 3 4 2 3 4 2 3 4 professior	5 5 nal organis Positio	Read 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 sation: n of Responsibility Held d and when was your last a , where and reason so give date of application)	1       2       3       4       5         1       2       3       4       5         Period			
REMUNERATION	Bonus :		p.m		TATION (Required) xpected : \$ goals :	p.m			

\*selection is not based on these information, for administrative purposes only.

## Please include internship & vacation jobs eg. Indicate temp/internship where applicable

			Period					Monthly Salary		
	Name and Country of Employer	Nature of Business	from (mm/yy)	to (mm/yy)	Position held	Reporting to	Nature of duties	Started	Last Drawn	Reason for leaving
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WORKING EXPERIENCE (In chronological order ie., after completion of education)										
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	Furnish below in narrative form, a statement in which you attempt to show through your educational background and experience, why you believe you are qualified to accept the responsibilities involved in the position for which you are applying.
ECLARATION	Health         Have you or are you suffering from any acute or chronic illnesses, disease or physical handicap?         Yes       No       Period         Are you currently under medication?       Yes       No
	Financial Status         1. Have you been a bankrupt?       Yes       No       (If yes, please indicate date declared as a bankrupt)       I       I       I         2. When have you been discharged from bankruptcy?       I       I       I       I       I         3. Have you been financially embarrassed* in the last 12 months before this declaration?       Yes       No         Please furnish details if Yes       I       I       I       I
	I hereby declare that the above statements are true and correct to the best of my knowledge and belief. If any part is found to be false before or after I am appointed, I am liable to be disqualified or summarily dismissed.
	SIGNATURE :        DATE :          Offer appointment as :
	Commencement salary :
	Approved by : Partner Date Date

\*Financial embarrassment includes being in debt and unable to pay off bills all the time or have unsecured loans from Ah Longs (Unlicensed Money Lenders) but is not liability to, having an outstanding debt from a court judgement, becoming an undischarged bankrupt, or having unsecured liabilities exceeding three months' salary)

An staff is deemed to be financially embarrassed if he is (a) an undischarged bankrupt; or (b) a judgement debtor; or (c) has unsecured debts and liabilities of more than 3 months of his last salary; or (d) has signed a promissory note or an acknowledgement of indebtedness, including borrowings from unlicensed moneylenders.